Satisfaction, Cost Are Key in Contraceptive Use

BY ROBERT FINN

San Francisco — Half of the 28 million U.S. women who are at risk for unintended pregnancy do not get contraceptive care driven by patient-centered approaches, according to results from a survey of 1,978 women at risk for unintended pregnancy.

The survey, conducted by Northwestern University in Chicago, was designed to measure patient satisfaction and continuity of care for women using contraception. The study included women who were self-selected for contraceptive use and who reported using at least one contraceptive method in the past 3-24 months.

The survey found that only 40% of women reported feeling that they had easy access to contraceptive care, and only 22% of women reported that they had easy access to emergency contraception. Only 24% of women reported that they had easy access to backup methods for emergencies.

The survey also found that women who had easy access to contraceptive care were more likely to have positive experiences and satisfaction with their providers. Women who reported easy access to contraceptive care were also more likely to feel that they had an easy way to contact their providers, and they were more likely to feel that their providers were responsive to their needs.

The providers in public clinics were more likely to discuss pregnancy prevention with patients than were private physicians. For example, 66% of health department providers reported having a discussion with patients, compared with 56% of private physicians.

Women who were unhappy with their contraceptive options often relied on less-effective methods. For example, among women who mostly like their chosen method, 46% used pills and another 22% used long-acting methods, while only 22% used condoms. Among women who said they don’t like using other methods, only 24% used pills and another 11% used long-acting methods, while 49% used condoms.

The survey of providers revealed that they are far more likely to discuss the effects of, and satisfaction with, contraceptive methods with patients than the concrete details of how to remember daily pill use.

The study was supported by grants from the National Institute of Child Health and Human Development.

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Reasons for Inconsistent Contraceptive Use

Note: Based on a telephone survey of 1,978 women at risk for unintended pregnancy. Source: Dr. Frost

Ask Breast Cancer Survivors About Sexual Problems

BY HEIDI SPLETEN

Pentagon City, Va. — Sexual health problems in breast cancer survivors peaked about 12 months after the completion of treatment, and mental health symptoms significantly predicted these problems, according to findings from a study involving 54 female breast cancer survivors.

The findings suggest a need for providers to discuss breast cancer patients the potential for sexual problems after therapy, and to be alert for mental health symptoms that may increase the risk for these problems, said Beth Fischgrund, a medical student at Northwestern University.

To examine which mental health problems were associated with sexual problems and to pinpoint the peak time for these problems, Ms. Fischgrund and her colleagues, surveyed women who had completed breast cancer treatment with 24 months of study enrollment.

After their treatment was finished participants completed two surveys—one at 6-12 months and the other at 18-24 months. Each woman had been in a monogamous relationship since at least a year before her breast cancer diagnosis.

The study results were presented in a poster at the annual meeting of the Society for Sex Therapy and Research.

At the time of the first survey, 40% of the women reported moderate to severe sexual problems, but this number increased to 53% at the time of the second survey. Sexual health was assessed using the Sexual Problems Scale, which measures lack of interest in sex, difficulties with arousal and orgasm, lack of enjoyment during sexual activity, and pain during sexual activity. These components were combined to calculate a total sexual score.

The findings suggest that reports of sexual problems peaked at about 12 months post treatment, and decreased by 18-24 months. Mental health symptoms were significant predictors of sexual health problems 6 months later, the researchers said.

But there were no significant differences in mental health scores between the two time periods. The strongest predictors of sexual problems were interpersonal difficulties and depression.

When asked why sexual problems didn’t emerge immediately after treatment, Ms. Fischgrund suggested that during therapy, women with breast cancer are in “survival mode.” At that time, they likely focus on their treatment and on beating the disease, and they don’t focus as much on their sexual relationships, she theorized. The study was supported by the Lynn Sage Cancer Research Foundation. The researchers had no financial conflicts to disclose.